

# **Fetal Alcohol Spectrum Disorders: Special Focus**

## **FASD in the Foster Care System**

**The majority of children with FASD are not raised by their birth parents.** Many children with FASD are raised by relatives, while others enter the child welfare system and are placed into foster care homes or are adopted. In the state of Alaska, it is estimated that 65% of children with FASD are in foster care or have been adopted. Less than 23% of these children are living at home with one or both biological parents.<sup>1</sup>

**The incidence rate of FASD is unusually high among the foster care population in the United States.** It is estimated that almost 70% of the children in foster care are affected by prenatal alcohol exposure in varying degrees. A study completed in Washington State concluded that the foster care population was at high risk for FAS after finding the rate of FAS among their studied population to be ten to fifteen times greater than in the general population.<sup>2</sup> Foster and adoptive parents are often given sole responsibility of providing for the unique needs and requirements of children with FASD.

**Children with FASD have greater needs than other children in foster care.** In general, children within the child welfare system are at high risk for behavioral, developmental and educational difficulties. This risk is further complicated by prenatal exposure to alcohol. Children affected by FASD have unique physical, educational, and medical needs, increasing the necessity to augment care rates and provide adoption subsidies and special services for respite care. There is also a greater need to implement more extensive learning programs and services in health care and education.

**Secondary behavioral disorders associated with FASD can further complicate a child's transition into and out of foster care homes.** Children affected by FASD often have difficulty in translating body language and expressions, understanding boundaries, focusing their attention, and understanding cause and effect. They can be easily frustrated and require a stable, structured home and school environment. Adjusting to a new home, a new family, and a new school can be incredibly difficult for children with FASD.

*“Children in the child welfare system are at high risk for behavioral, developmental, and educational difficulties. This risk is complicated even further if the child was prenatally exposed to alcohol...”-Children’s Research Triangle, Chicago, IL.*

**FASD training should be a mandatory component for parents entering the foster care system, as well as for families who already have foster children.** Many children who are affected by FASD are not properly diagnosed. Often, the history of the birth mother’s pregnancy is not available. As a result, a child may come to a family without any documentation regarding the effects of FASD. Providing information to foster parents regarding FASD can help them to recognize the disorder’s characteristics, receive the proper diagnosis, and appropriately respond to the unique needs of the child.

<sup>1</sup> State of Alaska Office of Fetal Alcohol Syndrome

<sup>2</sup> Astley SJ, Stachowiak J, Clarren SK, Clausen C. Application of the fetal alcohol syndrome facial photographic screening tool in a foster care population. *Journal of Pediatrics*. 2002;141(5):712-7

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